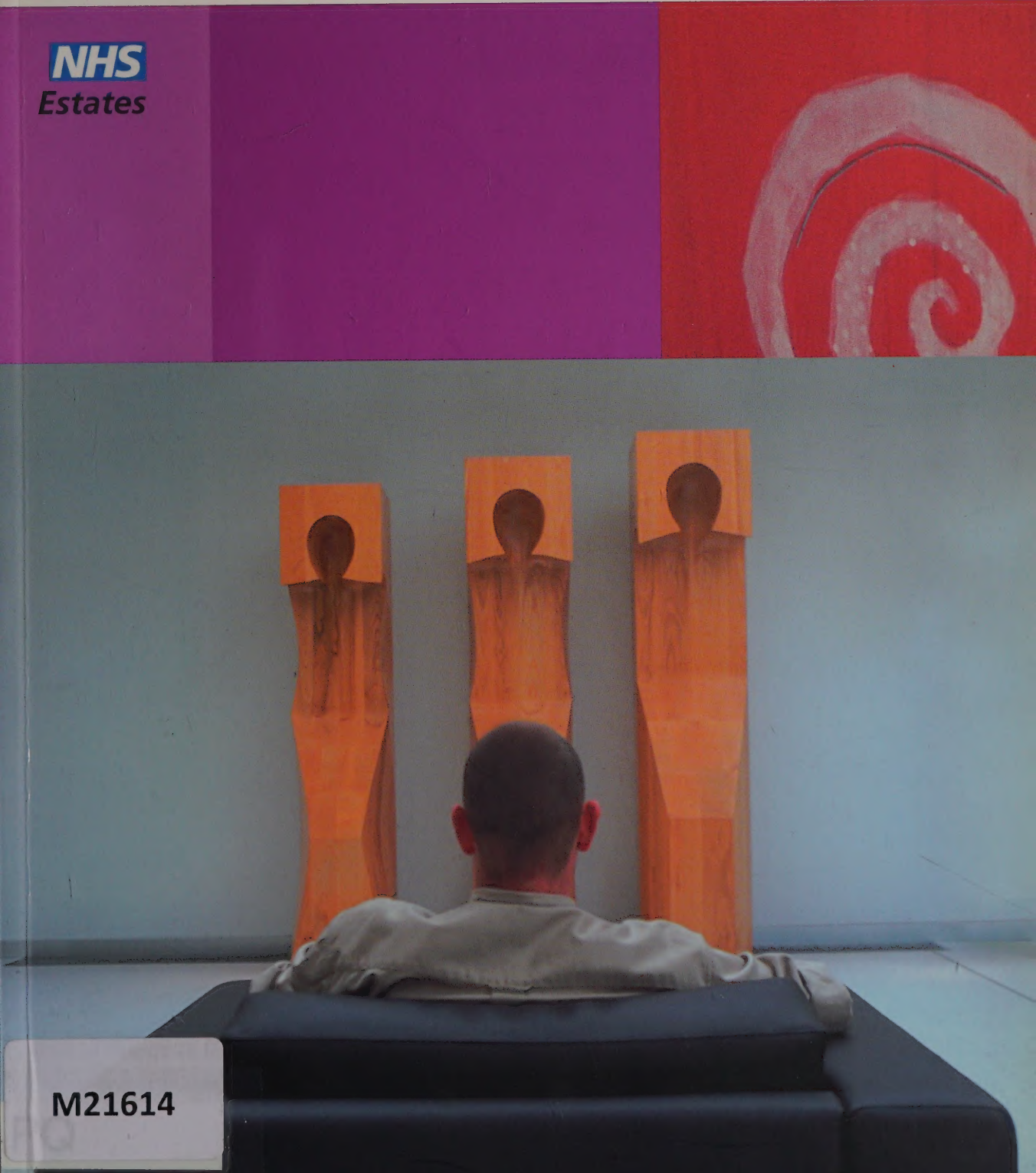


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Improving  
the patient  
experience

The art of  
good health  
A practical  
handbook

**NHS**  
Estates



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With the biggest building programme in the NHS underway, designing healthcare facilities that positively enhance the patients' experience and treatment is central to our policy. This means addressing such issues as privacy and dignity, communication, entertainment, nutrition, cleanliness, comfort, control and the supply of information. To meet the standards expected by today's – and tomorrow's – patients, we need to ensure that the design of hospitals and healthcare facilities embodies sound principles from the outset.

'Improving the Patient Experience' is a new series of publications by NHS Estates. Intended to stimulate and inspire all those involved in designing, procuring, developing and maintaining healthcare buildings, we hope they will encourage new and inventive ways to improve environments for patients and staff alike. They contain best practice case studies, advice and guidance on how best to implement and manage programmes for change in both new buildings and areas for refurbishment.

Other titles currently in development in this series are:

- Friendly Healthcare Environments for Children and Young People
- Welcoming Entrances and Reception Areas
- Cleanliness in Hospitals
- Food Service at Ward Level
- Ward Layouts with Privacy and Dignity.



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the patient  
experience

**The art of  
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*Inset: Detail from wall hanging, Cumberland Infirmary, Carlisle.*

*Reverse: ACAD, Central Middlesex Hospital.*

*Martin Bennett for NHS Estates.*



# Foreword

The arts have never had a more substantial role in healthcare than they do today.

The benefits include:

- breaking down barriers between hospitals and local communities
- improved health outcomes
- improvements to the physical environment.

Trusts that take a pride in their buildings, entranceways, grounds and gardens are demonstrating to each patient that they care about their experience.

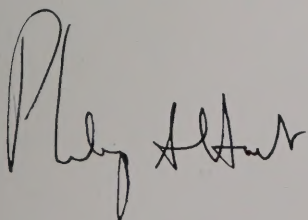
Trusts can also reinforce links with the local community, by working with local schools and colleges and using the work of artists who understand the landscape and culture of the local area.

Art in hospitals can provide therapeutic activity for patients and carers. It offers a welcome distraction for those who are ill, or who are visiting loved ones that are ill. It provides a more pleasant working environment for staff and can be used by them to communicate information more effectively.

Today's health service is fortunate enough to have many examples of how the arts can be successfully implemented within NHS trusts. *The art of good health: Using visual arts in healthcare* showcases some inspiring examples of the creative application of visual arts in healthcare environments and examines its history and benefits to patients and staff alike. It is complemented by *The art of good health: A practical handbook* which provides a wealth of advice and practical information to trusts wishing to either instigate their own arts projects or enhance existing programmes.

The large number of new and redeveloped hospitals present a great opportunity for the NHS to embrace the benefits of the arts. We need to ensure that art in all its formats is fully integrated into these buildings, and that the development of art in hospitals is continued into the future.

Making use of the arts within a trust helps users of the service understand that the trust takes pride in its buildings, in its work and in its links with the local community. This report aims to ensure that trusts are aware of the challenges and benefits of introducing an effective arts programme, and have the support and knowledge to do so.



Lord Hunt of Kings Heath







Queen Elizabeth Hospital, Gateshead



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# 1

## Introduction

*The art of good health: A practical handbook* aims to offer guidance and advice for those wishing to set up an arts programme in a healthcare setting. While it aims to answer some of the most frequently asked questions, it does not set out to cover every aspect of running an arts in healthcare project, nor to prescribe how things should be done. The best programmes, conceived in response to the needs of the communities they serve, develop characters and flavours of their own.

The handbook covers the basics of setting up and running an ongoing arts programme and looks at how the visual arts might be used to improve healthcare environments and build links with communities. Advice is given on purchasing and borrowing works of art, setting up changing exhibitions and commissioning artists, as well as integrating

arts into Private Finance Initiative schemes. It also offers some guidelines for working with artists, and the effective use of publicity and evaluation.

While it is written with the visual arts in mind, the underlying principles apply equally to working with musicians, writers, storytellers, dancers and all other art forms.

*The art of good health: A practical handbook* was authored by Jane Willis of Willis Newson, arts and health consultants, for NHS Estates. It is designed to complement *The art of good health: Using visual arts in healthcare*, an introductory study of the use and value of the visual arts in healthcare environments.



Ceiling light panel, Leeds General Infirmary



*Royal Devon and Exeter Hospital*



*Jubilee Wing Roof Garden, Leeds General Infirmary*





# 2

## Setting up an arts programme

It is not essential to establish an ongoing arts programme in order to carry out one-off arts projects. However, setting such a structure in place will help projects grow in a sustainable rather than piecemeal way.

Projects managed within the framework of a coherent arts programme, and developed in relation to the objectives of the organisation as a whole, will be easier to raise money for and reap wider benefits.

There are a number of approaches that can be taken to set up a programme and the choice will be determined by the needs and structure of the organisation.



### The arts committee

Many arts in healthcare programmes are managed by an arts committee made up of members of staff, perhaps with outside representation from artists, curators, community or patient representatives and partner agencies.

Ideally, the committee should represent different interests and perspectives. As well as particular areas of skill and experience, it should also include people with a passion and enthusiasm for the arts.

Whether or not the chief executive sits on the arts committee, the visible support of the chief executive, chairman and board is crucial. It can make or break a project.

Here is a suggested list of areas you might want represented:

- Nursing and clinical
- Facilities and estates
- Management and finance
- Reception and clerical
- Capital strategy
- Human resources
- Communications
- Patient Advisory Liaison Service/ representative from patients' forum
- Equalities or access officer
- User groups and community Health Council representatives
- Local artist or arts professional





'Kitchen waji' Network Arts Lewisham

- Local authority or regional arts council officer
- Partner agencies such as education, housing, probation, social services etc.

It is important that committee members are dedicated and prepared to put in the time it takes to get a project off the ground. When inviting people to sit on the arts committee, be clear about what is expected of them. It may be helpful to recruit members according to the range of skills or expertise needed, perhaps even to issue job or role descriptions.

Advice on setting up and running boards of voluntary organisations can be sought from Arts and Business or the National Council for Voluntary Organisations (NCVO).

The arts committee will carry overall responsibility for the arts programme, ensuring that it is well managed, appropriate and of high quality. Committee members might use their experience to inform the content of a programme to ensure it meets the needs of users. They might also use their power and influence to persuade others of the value of arts to health and to help with fundraising.

If the committee is operating without a paid arts co-ordinator, it will also directly manage arts projects, possibly with the help of specialist outside advisers such as arts consultants.

## Recruiting an arts co-ordinator

It is advisable to recruit an arts co-ordinator or art and design adviser who will be able to work with the arts committee – or within other management structures appropriate to the organisation – to establish, manage and fundraise for an ongoing programme of projects and events.

A professional arts co-ordinator will provide the expertise to enable the committee to create the infrastructure and develop the resources to support a range of sustainable arts projects. They may also be able to advise on commissioning interior design as well as arts.

The arts co-ordinator will identify opportunities for a range of creative interventions at the early planning stage of projects, including opportunities for developing partnership projects, possibly through Health Action Zone (HAZ) initiatives and other such schemes. Such interventions may concern improving healthcare environments, involving local people, communicating health information or reducing exclusion by engaging people in community activities. By integrating the arts in this way at an early stage, it will be possible to maximise the resources and budget of projects and the organisation as a whole.



### Job description

It is advisable to take advice on writing a job or person specification for this specialist post. The National Network for Arts and Health (NNAH) has sample job descriptions on file to which one may refer. Otherwise seek advice and guidance from your regional arts council or local authority arts officer.

### Salary

Salaries for arts co-ordinators vary considerably. As with all posts, the more one can afford to pay, the more chance one has of recruiting an experienced person. This is particularly important in recruiting someone with fundraising skills and public art commissioning experience. Guidance on salary scales in your area can be sought from your regional arts council or local authority arts officer.

### Recruitment

The most comprehensive source of arts recruitment advertising is the Monday *Guardian*. While advertising here is expensive, it is still the main source of arts management jobs. However, one might also want to consider the following:

- The National Network for Arts in Health: insert in mailing or post a bulletin on its web site
- The London Arts in Health Forum: insert in members' mailing or announce at a meeting
- Advertisement in arts management journals such as *Arts Professional* and *Mailout*
- The Arts Council of England runs an email mailing list called Arts Jobs on which advertisements can be posted
- Your regional office of the Arts Council may also issue a monthly newsletter, either on paper or via email, which could carry information about the post. It may also be able to advise on other advertisement sources in your area.

### Job interviews

Consider inviting an outside expert, such as your regional Arts Council officer, local authority arts officer or the curator of a local gallery, on to the interview panel.

With experience of the arts world, they may be able to help make sure you get the best candidate for the job.

### Partnership working

For some, especially Primary Care Trusts (PCTs) or Health Authorities, working strategically across a geographical area, it may not be appropriate to set up an arts committee. In such instances, working with an arts and health consultant might be a possible first step to setting up an arts programme because it will bring the necessary expertise to develop a coherent strategy for working in partnership with local agencies and sites without the long-term budgetary commitment.

### A clear vision

Having recruited an arts co-ordinator, one of the first tasks will be to work with them to research the needs of the organisation from which to develop a three- to five-year strategy for the arts programme. Having a clear vision will not only ensure you make best use of time and resources, it will also help with fundraising efforts, and keep the arts committee motivated and focused.

The strategy should ensure that the aims and objectives of the arts programme are in line with those of the host organisation and wider community. For example, there should be synergy with the Estates Strategy, as well as with the Strategic Health Authority's healthcare priorities.

### Generating widespread support

The best arts in health programmes have widespread support and are 'owned' by the whole hospital, surgery or care centre of which they are a part, rather than by the few people on the arts committee.

A sense of ownership grows out of a sense of involvement. Involving people and making them feel they have something to contribute will not only generate ideas and enthusiasm, but may also boost individuals' self-confidence and morale.



The energy, ideas and the capacity for creative thinking generated through involvement in an arts project often spill over into daily working practices.

To ensure a sense of teamwork and ownership, involve people at the earliest opportunity. Publicise your intentions widely using internal newsletters and email. Hold open meetings or make presentations to groups of staff and users at existing meetings. Show them examples of what you are trying to achieve. Try to get them to 'see' the vision. Put up displays in public spaces and ask for feedback and ideas.

Find out about the aims and objectives of other departments or partner organisations – perhaps the arts project can help them meet their goals by working together.

## Resources

While energy and enthusiasm are often the most important assets for an arts programme, some basic resources will also be needed:

- Office space, computer, email, telephone
- Administrative support
- A running costs budget
- Support from the Estates team to help with the installation of artworks
- Systems in place to manage the cleaning and maintenance of artwork

- Secure, dry, storage space for pictures and workshop materials
- Workshop space for artists in residence.

## Charitable status

You may want to consider giving the arts programme a legal status separate to that of the host organisation. This is especially important if there is a need to fundraise, since many donors, charitable trusts and statutory funders may be uneasy about, or will refuse to, give money directly to the NHS. Some funding sources, such as charitable trusts, will only give money to registered charities.

If there is already a registered charity, such as a hospital charitable foundation or special trustees, linked to the NHS trust, it may be possible to operate the arts project under its auspices. Alternatively, you may consider working in partnership with local arts or voluntary organisations that can fundraise on your behalf.

Finally, you might want to consider setting up as a registered charity or other legal structure such as an unincorporated association.

Advice and guidance on charitable and other legal status for voluntary organisations can be sought from The Charities Commission, Companies House or the NCVO.



Floor design, Trust Arts Project, Lambeth



# 3

## Funding

There is much discussion currently taking place about how arts programmes in healthcare should be funded. Some advocate that 1% or 'a' per cent of all capital budgets should be allocated to commissioned artworks linked to new buildings and refurbishments. Others argue that if NHS trusts would allocate only 0.1% from their annual budget it would, in most cases, be enough to fund a part-time arts co-ordinator or adviser and the beginnings of a programme of activities. Meanwhile, some trusts are using the drive to improve the patient experience to enable a portion of core funding to be allocated to arts.

### Fundraising

Fundraising is hard work and time consuming. Before embarking on a fundraising campaign, consider whether there are joint commissioning opportunities with partners who already have funds available. It might be possible to make better use of existing budgets. Think creatively about how to meet a range of aims through the arts and perhaps look to fund projects in this way. For example, a percentage of capital budgets could be ring-fenced for artist-led design, or for participatory or consultation-led projects linked to new developments.

No matter how good or worthwhile the project you're proposing, the more professional you are in your approach, the

more chance you have of success. Many funders will assess applications as much on an organisation's ability to professionally manage and deliver a project, as on the quality of the project proposal itself.

Moreover, while it is true that fundraising is 80% hard work and common sense, it is also necessary to have a thorough understanding of what the funders are looking for, the terminology you need to use and an ability to match projects appropriately. You have more chance of success sending two well-researched and accurately targeted applications than by mailing 200 hopeful bids.

Consider the use of a specialist fundraising consultant with experience of arts fundraising to help you. Good advice and clear direction early on will save time and money in the long run.

Many arts consultants will also be able to help with fundraising. Otherwise, your regional Arts Council or local authority arts officer should be able to recommend a reputable consultant. Further sources of advice are the Institute of Charity Fundraising Managers, Charities Aid Foundation or the Association of Fundraising Consultants.

### Sources

There are too many possible sources of funding to list here. However, put simply, they include:



Network Arts Lewisham



for arts at Leeds General Infirmary









- Charitable trusts
- Private companies – in the form of sponsorship or charitable donations
- Statutory or official funds such as Lottery funding, regional Arts Council funding and local authority funding
- Enterprise, economic and social development funds such as European and neighbourhood renewal funds or the Single Regeneration Budget (SRB).

Each funding source will have a detailed set of criteria. Check carefully that you meet these criteria before applying.

## A fundraising strategy

It is advisable to develop a fundraising strategy before sending out applications. This will reassure funders of your long-term commitment, professionalism and viability. It will also prompt you to think strategically about all your funding needs and, if well researched, should ensure you apply to the best source. Many sources only allow you to apply once in a certain period, so this opportunity should not be wasted by asking for too little.

The strategy should also take into consideration the way in which you use the monies raised.

Leverage or seed corn funding is a percentage of the overall target needed, perhaps a quarter or a third, committed early on in order to give the project credibility and encourage others to donate to it.

Leverage funding could be what you need most of all at the very beginning. If it is a new project, without a track record, having someone prepared to back it in this way will help instill the confidence that will unlock further monies. If there is support close to home, such as a charitable fund or League of Friends, ask if they will act as seed corn or leverage funders, by committing to match a percentage of any outside monies you bring in.

Salaries and running costs are the hardest things to raise money for. While external funders may grant monies towards projects, they are less willing to fund the core running

costs of an arts programme, which they will see as the responsibility of the healthcare organisation. You may get around this by building salary costs into the management costs of your projects. However, while bringing in income on a project-by-project basis, this will not enable you to guarantee salary funding at the start of a year.

## Getting help

There are many guides, directories and manuals to help you understand the maze of funding sources. Details on funding criteria can be obtained direct from the funder, or from fundraising books such as *The Directory of Grant Making Trusts*, *A Guide to Company Giving* and *A Guide to Major Trusts*, all of which list details. The National Network for Arts and Health also publishes a directory of funders known to support arts and health work (see appendices for details).

Your regional Arts Council or local authority arts officer may also be able to offer advice on fundraising. They won't raise funds for you, but may be able to steer you in the right direction or look over applications before submission. They may also have their own grant programmes to which you could apply and sometimes provide surgeries giving advice on making applications.

Specialist fundraisers can be used to help get you started. If you think that your League of Friends may give you a grant once, but nothing on an ongoing basis, consider asking them to fund a fundraiser for six months. If you can only afford a limited amount of a fundraiser's time, think carefully about what you want them to do.

For example, do you want them to raise a lump sum to kick start projects, or do you want them to help you develop a fundraising strategy and research sources that will ensure sustained success even if you have to make many of the applications yourself? Does it matter if all your funding comes from one source, or do you want to develop relationships with several supporters that you can then nurture and grow over future years?

# 4

## Artworks and changing exhibitions

There are many exciting, innovative, productive and often complex ways in which the arts can be used to enhance healthcare, promote well-being and improve community relations and communication. Such projects do not happen overnight and often grow from ideas and partnerships developed over several years.

However, many programmes start simply through the acquisition of artworks, whether donated, borrowed, purchased, or commissioned.

You might start by acquiring artworks to bring colour, life and interest into your buildings. You could start with just one or two pictures or decide from the outset to develop a whole collection of work.

From here you could begin to develop relationships with local community groups, schools and arts organisations through a programme of changing exhibitions.

Having learnt about the benefits of using the arts to forge links with the community, you may decide to commission an artist to work with one of these groups to make a site-specific work, perhaps asking the artist to lead consultation workshops with users in order to develop a better understanding of their needs in relation to the building.

### Purchasing

Purchasing work ensures control over the quality of a collection. It also means that work does not have to be returned, leaving a blank wall, after a loan period ends. There are several different ways of buying artworks:

#### Exhibitions

Visiting a range of exhibitions will help you develop an idea of what you like and what might be appropriate.

#### Galleries

Take time to get to know local galleries and develop a relationship with owners, who could become a valuable source of expertise for an arts project. Galleries may suggest artists to suit your environment, take you on studio visits and actually source work to suit your needs.

#### Agents or arts consultants

Agents or consultants will come and look at the space, and advise on possible work for it. They may recommend artists they have on their books, or source appropriate work.

#### Direct from the artist

If you know an artist whose work you like, or if you meet someone through visiting artists' Open Studios, you can purchase direct. This will not always be cheaper than purchasing through a gallery, since many artists will charge the same price to ensure their work has a consistent value.



## College degree shows

Look out for degree and postgraduate shows at local art colleges – a good place to spot young talent and often work can be purchased here more cheaply than through other sources.

## Loaned artwork

If there are no funds to purchase, a loan system can work well for both the artist and your organisation if loan agreements are well managed and thought through. You will be able to enhance the environment by displaying an artist's work, while the artist gets his or her work seen, and may be able to offer it for sale at the same time.

Often a loan will be agreed for a limited period. If works are to be hung in various spaces around the site, it is advisable to agree and issue a contract for a minimum loan period of two to three years. Moving works more frequently than that can be time consuming and will damage the fabric of the walls. Remember that you will also be responsible for security and insurance of the work while it is on your site.

If there is a dedicated exhibition space, you can take work on short-term loan, perhaps changing works as they are sold.

The Arts Council Collection loans contemporary works of art to public buildings including hospitals, as well as to museums and galleries. In order to qualify to borrow works the hospital must have an arts programme and someone appointed with responsibility for the works of art. There is a fee of £100–£600 per work depending on size for a five-year loan, which includes framing and installation.

Paintings in Hospitals is a national charity set up to loan artworks specifically to hospitals, hospices and other health centres for a small annual fee.

## Donated artworks

Artists are sometimes willing to donate works to a collection, perhaps because they believe in the idea of art in healthcare, or perhaps

because they have large works in their studio that they cannot store.

Donations can be a great asset to an arts programme, but do have to be treated with caution to ensure quality standards are upheld. Although it can be difficult to say no, you do not have to accept every work of art offered. To minimise embarrassment in turning a piece away, it is helpful to have criteria against which you accept, or to defer the decision to accept to a selection committee.

In addition to the quality criteria, works may be unsuitable because they are too large or small, inappropriate in subject matter or too fragile.

## Changing exhibitions

Another way of bringing art into a hospital or other healthcare setting is to establish a space where changing exhibitions can be shown. Changing exhibitions are an excellent way to develop links with local community groups, artists and arts groups. Staff and users have the benefit of there always being something new to look at. Moreover, because of the temporary nature of exhibitions, it is possible to show a wide variety of work, including work that you perhaps would not purchase for a permanent collection. This might include health promotion and educational exhibitions, as well as shows linked to themes, specific events or festivals.

It is a good idea to discuss in advance what will be shown in the exhibitions space. Will it be only two-dimensional work, or will you establish a space for sculpture as well? You may decide to show work by local artists, as a way of supporting and showcasing your immediate community, or perhaps you could encourage staff to exhibit work, or display the results of other arts projects that have taken place across your site.

Although the temporary nature of the exhibitions gives greater freedom to show a wide range of work, you should still ensure that work shown is appropriate and will not offend or disturb.

# 5

## Management and maintenance

### A collection policy

As you start to acquire artworks for your site, it is advisable to set out how you aim to develop and maintain the growing collection in a 'collection policy'. This will not only guide in the selection and placing of work, but will also ensure that these potentially valuable assets are well-catalogued and maintained.

In developing a collection policy, here are some issues you might want to consider:

### Selection of artwork

#### Who will make the aesthetic judgements?

While selection by committee is not always to be recommended, it is good practice to involve the users of the area in which work will be hung in the selection process by presenting them with a shortlist from which to choose. This will help ensure they feel a sense of ownership of the work and will encourage them to look after it.

#### Criteria for selection

Selection of artworks must be tailored to the environment, taking into consideration the character and purpose of the area and the needs of the users. In drawing up selection criteria, think about what would be appropriate for where it will be located. For example, in a stressful waiting area you might want something that is calming and

soothing. Broad horizon lines and sweeping curves in a picture can create this effect. In a busy corridor you might want pictures that will encourage people to smile as they speed past. Bright, uplifting colours and bold imagery work well in corridor spaces.

#### Quality

While this is hard to quantify, and will inevitably involve subjective judgement, the assessment of quality may be reinforced through external advice, as well as the standing and reputation of the artist.

However, quality does not necessarily have to equate with the fame of an artist, and you should consider work from different cultural backgrounds, as well as work made in community-based contexts or by relatively young or unknown artists.

#### Accessibility

While there is a role for art that is challenging and thought-provoking in certain contexts within healthcare, it is often important to choose work that is accessible or easy to relate to, especially when it is to be hung in patient rooms, day rooms and waiting rooms.

In such 'private' or intimate spaces, where people do not have much choice about whether they look at a work or not, it is important that it does not alienate, intimidate or unsettle.





The Guy's and  
St Thomas  
Charitable  
Foundation

Accessible need not mean derivative or bland. Neither need it mean that all work should be figurative. Abstract work may be accessible through its use of colour, texture and light, providing an overall sensory experience.

### Local interest

Works that relate or refer to the local area will help contribute to a sense of place and make people feel at home. These may include works that explore and celebrate the history of a place or community, as well as works that take a more contemporary look at an area.

You might also consider including works that are made by, or in collaboration with, local people or local organisations.

### Cultural diversity

The collection should be sensitive to different cultural groups and reflect the cultural diversity of the area in which your organisation is based.

### Sensitive subjects

- Images of nudity are often not permitted in public spaces
- Violent images, including abstract works with a violent feel, are not advisable
- Images of smoking and drug abuse are often not permissible in healthcare settings

- While there is a place for issue-based work, careful consideration should be given before showing challenging subjects such as those around illness, death and trauma

## Locations for showing artwork

The collection policy is an opportunity to consider which areas of a site to prioritise for artworks and to set criteria to ensure works are well displayed. For example, you could decide to only hang art on freshly painted walls, where the lighting is good and away from vending machines, fire notices and medical equipment or trolleys. You may choose to prioritise public spaces or patient areas. Setting out guidelines such as these will enable you to respond fairly to requests for artworks once they come flooding in.

Whether you are selecting a site for changing exhibitions, or for a single piece of artwork, there are some general criteria which should be considered that, if followed, will ensure that the art is used to best effect:

- **Good lighting:** Does the space have good natural light and/or adequate artificial light? Do you need to invest in additional picture lighting?
- **Windows and daylight:** Beware of hanging works directly opposite windows where the light will cause reflections on the glazing of a picture. Artworks, especially works on paper, should not be hung directly above a radiator or in harsh direct sunlight

- **Height:** Pictures should be hung at eye level. Avoid squeezing work into spaces above filing cabinets and bed curtains
- **Space:** Is there enough uninterrupted wall space? Exhibitions will not look good if pictures are squeezed between notices, fire hydrants and light switches. If you have chosen a corridor, is it wide enough to be able to stand back and look at work on display without causing obstruction?
- **Display walls:** Are the walls in a good state of repair and a good colour for showing artwork?
- **Easily accessible:** Does the exhibition space have disabled access? If you choose a waiting area, make sure that departmental staff do not mind outside visitors coming to look at exhibitions
- **Large throughput of people:** Is there enough passing traffic or will people have to make a special journey to see the exhibitions?
- **Exhibition open evenings:** If you choose to have private views or open evenings for exhibitions, will the space hold a large number of guests, or is there a room nearby that can be used to host an event?
- **Security:** Does the space get locked at night? Are there staff nearby who can keep an eye on exhibitions?
- **Sustainability:** Check that the area is not due for refurbishment or redesign in the immediate future.

## Hanging artworks

### Who should install?

If you are going to ask the Estates team to hang artworks, it may be necessary to show them how to handle and place them. Otherwise, you might employ an outside specialist, perhaps an artist/technician. Working with a local artist (ensure that they have adequate public liability insurance) has the benefit that they will know how to handle art and can also advise on the placing and grouping of artworks.

### Hanging systems

Temporary exhibitions can be mounted directly onto the wall, but as they are often changed, this will quickly cause damage to the fabric of the wall. Alternatively, there are

hanging systems which protect the wall surfaces:

- Walls lined with MDF or similar backing board onto which works are mounted using mirror plates or security screws. This gives a uniform look to the wall and is easy to hang and maintain. MDF panels can be filled and repainted on annual basis.
- Walls hung with rows of wooden battening onto which works are secured using mirror plates or security screws. This is easy to hang and maintain since the battens can be filled and repainted on an annual basis. However, the battens can detract from the artworks which can only be hung along battens.
- Specialist ready-made hanging systems, usually wires fixed to the wall onto which artworks are attached. Almost no maintenance is required with such custom-built systems. However, it can be expensive and, although most systems are strong, it may tempt people to pull on the metal wires and damage the system.

### Screws and fixings

There are several different fixing systems for ensuring that works are securely fixed to the wall:

- Mirror plates are easy to install, but can be seen on the wall
- Security fixings are a type of mirror plate hidden behind the work and released with a special spanner
- Security screws can only be undone using a special screwdriver.

## Selling work

Artworks may be sold from exhibitions. This will not only support the artist, but could also be a source of revenue income for the running of the exhibition space. Most commercial galleries will take a commission of 50% of the price of work sold. By taking less, perhaps 20% or 30%, you will be providing a service to the artist and generating revenue.

## Cataloguing the collection

It is strongly advisable – and essential if you want to insure a collection – to start a



database catalogue of all works of art purchased, loaned or donated as soon as you acquire your first work. This should include the artist, title, medium, value and details of where it is hung. Using a digital camera it is also possible to easily keep visual records of the collection.

## Labelling work

It is good practice to label works with the artist's name, title and medium. This is also an opportunity to credit a donor. There are several methods of labelling. The most durable and cost effective is to use paper labels secured under perspex screwed into the wall. Ask a local framer to recommend a perspex supplier who can cut plaques to size. Alternatively, labels can be mounted onto card or foam board and stuck to walls. Outdoor pieces need more robust labelling, such as engraved metal plaques.

## Cleaning and maintenance

Work should be regularly dusted and cleaned, and broken frames repaired to prevent damage to the artworks.

It is not recommended that contract cleaners carry out the cleaning of artworks unless they

have been shown how to do so. Spray cleaner should never be put on a picture, even when glazed.

Maintenance of commissioned artwork should be considered from the outset of a commission since it could incur ongoing revenue costs. It is customary to ask the artist to provide a maintenance schedule detailing how the work should be cleaned and cared for. It may be stipulated in the contract that the artist will have first refusal on any repair or restoration work should it be damaged at any point.

## Storing work

Secure, dry space to store pictures – whether a dedicated storeroom, the corner of a room, or a large cupboard – will ensure that they are safe from both theft and damage. A simple rack can be built into a large cupboard to hold pictures upright and away from each other.

## Insurance

It is very difficult to insure artwork in a public place against theft, damage or vandalism. Many insurance companies will not insure under such circumstances, or if they will, the cost can be prohibitive. However, in the experience of many professionally-run arts programmes, loss from theft or vandalism is rare. The usual cause of loss is that works are removed from walls during redecoration or building works and then not replaced.

Rather than insuring, some may decide to accept that loss or damage will be taken into account in the general cost of managing the collection. However, there may be works of particular value, works on loan or works that are part of a temporary exhibition that are essential to insure.

In order to insure work, it is particularly important that it is catalogued.

If your own organisation's insurance policy will not cover artworks, specialist advice on insurance can be obtained from AN: The Artists Information Company.



*Hounslow and Spelthorne Community and Mental Health NHS Trust*



# 6

## Legal and health and safety requirements

### **Criminal Records Bureau (CRB) Disclosure**

It is essential that artists, working in an unsupervised capacity with children or vulnerable adults, whether in a paid or voluntary capacity, should be checked by the CRB. If artists are working in a supervised capacity, with a member of healthcare staff present during sessions with clients, it is up to the discretion of the healthcare organisation as to whether they require the artist to undergo CRB.

#### **Standard Disclosure and Enhanced Disclosure**

There are two levels of checking designed to safeguard jobs that involve working with children or vulnerable adults. These are called Standard Disclosure and Enhanced Disclosure. Information is made available only with the consent of the individual being checked.

It is mandatory for many care workers to undergo Standard Disclosure, and this level of checking is usually sufficient for artists in health settings.

Standard Disclosure contains details of all convictions on the Police National Computer – including ‘spent’ convictions. Spent convictions are those that happened some time ago and normally do not need to be revealed as specified in the Rehabilitation of Offenders Act 1974.

Both levels also contain details of any police cautions, reprimands or warnings. Also for posts involving contact with children they contain any relevant information contained on the government department lists held by the DH and the Department for Education and Skills (DfES).

#### **Disclosure Turnaround Time**

Although the CRB aims to supply disclosures within three to four weeks, it frequently takes up to eight weeks.

#### **Who applies?**

An organisation can apply on behalf of an individual, or the individual can apply themselves. The organisation will need to be a CRB-registered body in order to receive Disclosure information. There is a one-off fee of £300 to become registered, however, most NHS trusts will already be registered.

#### **Cost**

The disclosure fee for an individual is £12. It is free for volunteers.

#### **How long does it last?**

The disclosure information is only correct at the time of issue. It is up to each organisation how frequently they might want it updated, or whether they would accept an artist who has been cleared through a previous job without requesting a new Disclosure.

## How to apply

Write or telephone the Criminal Records Bureau for application forms:

Customer Services  
Criminal Records Bureau  
PO Box 110  
Liverpool L3 6ZZ  
Telephone 0870 90 90 811

For more information view the CRB web site or the Disclosure Website:

[www.crb.gov.uk](http://www.crb.gov.uk)

[www.disclosure.gov.uk](http://www.disclosure.gov.uk)

## Public Liability insurance

Artists delivering workshops, performances, residencies, commissions or any work involving other people should get public liability insurance to protect themselves against anyone having an accident.

Public liability cover can be purchased as part of a combined insurance package, possibly including product liability, protecting against the effects of, for example, an electrical installation blowing up or injury to a member of the public from a pointed part of a sculpture. Many healthcare organisations, as well as public art agencies, will insist that artists have public liability insurance as part of the brief for a project.

## Self-employment and tax

Most artists are self-employed and, as such, will be liable to pay their own tax and national insurance.

This means usually that tax and National Insurance is not deducted from fees paid to artists for a project or a commission. However, this income must be declared and tax paid at the end of the year.

Artists must declare themselves to be self-employed to the Inland Revenue and will receive an appropriate tax code.

Host organisations may request proof of self-employment status, which can be provided in the form of a tax code from the Inland Revenue.

Advice on self-employment and tax for artists can be found on the Artists Newsletter web site ([www.anweb.co.uk](http://www.anweb.co.uk)).

## Portable appliance testing

Most healthcare organisations will insist that any outside contractors bringing electrical equipment onto their premises must have it tested. Often this can be carried out on site by a health and safety or risk management officer. However, it needs to be taken into consideration in the planning of a project since it may take a day or two before equipment can be checked.

## Consent and confidentiality

### Consent

If an artist wishes to photograph or use the artwork of a healthcare client they may have been working with, they must ensure that informed consent is gained from the participant. Photographs of clients cannot be used in any circumstances unless such consent is received. More detailed information on how to obtain consent, including authorised consent forms should be obtained from the communications department of the healthcare organisation.

### Confidentiality

It is vital when working with healthcare clients to observe strict confidentiality. Not only does this mean not passing on personal information that the client may have offered during the course of a workshop or project, it also means that the artist should respect a client's privacy and not ask about their illness or condition. If clients volunteer this information (and they often do) then it is fine to listen and empathise. If information is disclosed which causes the artist concern, they should discuss it in confidence with the senior healthcare professional in charge.



# 7

## Commissioning artists

There are many good books available to both inspire and guide in the commissioning of artists, as well as public art consultants to help plan, develop and deliver a project.

Commissioning artwork should be an enjoyable and creative experience for both commissioner and artist. A good working relationship and trust on both sides is essential, so it is important to select an artist with whom you feel you can work well.

### Ways of working with artists

As well as commissioning an artist to create artworks for existing or new buildings, artists can also contribute in a number of ways to capital projects. In whichever way you choose to work with artists, the key is to get them involved as soon as possible.

#### Consultation and public involvement

Being outside the 'healthcare system', artists are often able to generate more open discussion with staff and patient groups, and, using a range of imaginative and creative skills, can deliver effective consultation. By helping people articulate their needs and wishes, artists are then able to translate this into the designs for the building, helping to create a sense of place.

#### Concept design

Wherever possible, artists should be appointed on to design teams at the earliest planning stage to influence and inform capital schemes, whether through imaginative, cost-effective solutions to user needs, or creative interventions into building or interior design.

#### Integrated design

They may be brought on board at a later stage in the development of a new building to design specific elements. This could include integrated artwork such as stained glass and flooring, as well as furniture such as seating or a reception desk, railings, curtains, and other functional items.

#### Site specific artworks

In responding to a specific building or location, an artist can ensure that the work is not only appropriate to the physicality of the building but also to the needs of the users and the character and distinctiveness of a place.

#### Enabling others to collaborate and contribute to the making of artworks

As well as making work that is his or her own response to a place, an artist may work with others – staff, users, school or community groups – to create a piece of collaborative work.

## The commissioning process

### The vision

The vision is an expression of the overall aims of the project. It states what you are trying to achieve in the broadest terms and sets out what role artists will play in this, either as part of a bigger building design team influencing the whole look of a building and its interior spaces or, more specifically, working to produce individually commissioned artworks.

The initial vision is perhaps the most important part of the process. A strong, clear vision will guide your whole project team, inform the artist, help you raise the funds, and, hopefully, excite and enthuse all those who come into contact with the project along the way.

It is vitally important to involve as many people as you can in developing the vision. It will generate a sense of ownership and involvement in the project, and help ensure continued support throughout.

Creative brainstorming, slide shows, visits to see other projects in situ, consultation meetings and questionnaires can all be used to help you develop a vision.

### The brief

The brief is different from, and usually precedes, a contract, although it may be referred to or form part of the contract and become part of the legal agreement with the artist.

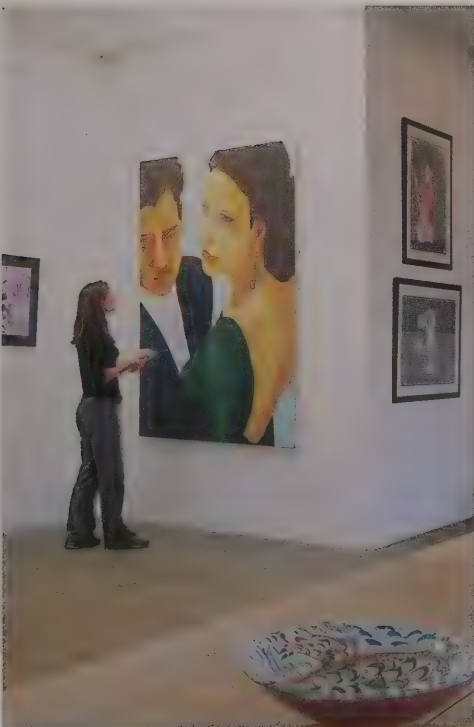
The brief is more descriptive than a contract. It provides contextual information about a project – its aims, information about the site, users and staff, as well as specific technical and health and safety requirements for a commissioned artwork.

It is important to get the brief right. A good brief will help you attract a good artist, while a poor brief may deter artists from applying for the commission.

Involve the whole project team, especially health and safety specialists and building managers – and sometimes also the artist – as well as clinicians in the development of the brief, to avoid misunderstandings further down the line.

The brief should cover most or all of the following points:

- The vision
- Aims and objectives of the commission
- Context or background to the project
- Details of team members' roles and responsibilities
- Description of the artist's role
- Possible themes or content
- Constraints on architectural styles or types of materials.
- Location or suggested location of artwork
- Site description and plans
- Type of hospital, nature of patient population, specialities etc
- Function of the site – landmarks, noise levels, light levels, scale, permanence, durability



*The gallery at Network Arts Lewisham*



- Historical, cultural and social factors surrounding the site – usage, community languages and ethnic diversity
- Degree of consultation and community participation required
- Maintenance and durability requirements
- Timetable and phasing
- Budget
- Clarification of copyright and ownership of work
- Documentation required or planned
- Resources available to the artist – studio, accommodation, travel expenses, etc
- Responsibilities for site preparation, transport of works, safety, insurance, etc.

### The contract

It is important to issue a contract on appointment of an artist. This will ensure that as much detail as possible is agreed in advance and scope for misunderstanding further down the line is greatly reduced.

While a contract may cover some of the points listed above, it should certainly include:

- Fees payable and any agreed instalments
- Timetable and phasing
- Ownership
- Copyright and reproduction rights
- Delivery and installation
- Maintenance and repair
- Credits and moral rights.

Sample contracts can be obtained from AN: The Artists' Information Company.

### The budget

The size and scope of your project is likely to be determined by the funds you have available. However, you may be establishing the costs in order to raise the money.

Typically costs might include:

- Advertising and selection
- Artist's concept, design and development fees

- Artist's commission fee
- Materials and fabrication
- Installation, transport and security or insurance
- Consultation or workshop costs
- Publicity and documentation
- Evaluation
- Maintenance
- Project management and administration (unless already covered)
- Contingency.

## Finding the right artist

Finding the right artist for a commission is very important. The reputation of specialist arts consultants is often built on being able to source and match the right artist to the right opportunity. This requires a detailed knowledge of a wide variety of work. However, it is possible to advertise and source an artist yourself.

### The process

If you already know an artist you want to work with, you can make a direct invitation to carry out a commission. Otherwise you can source artists by open submission or limited competition.

Open submission: the opportunity is advertised locally or nationally and is open to anyone fitting the criteria. Commissions are advertised in arts magazines such as AN, Mailout and Art Monthly. Interested artists will respond to an advertisement by asking for a copy of the brief.

You might also put up information on gallery notice boards, or by placing inserts into mailings to artists by galleries and other arts organisations. You could seek advice from your local authority arts officer or regional Arts Council, who may also help publicise the opportunity.

### Limited competition

Invitation to tender is sent to a small number of recommended artists who are sometimes paid to produce proposals or invited to interview. You may seek advice in drawing up a shortlist from your local

authority arts officer or regional Arts Council officer, or from a specialist arts consultant. The brief will be sent direct to the artists on the shortlist.

If you choose to research a shortlist yourself, the national databases of artists, Axis, and The Crafts Council's database of makers, which includes furniture designers, stained glass artists and textile artists, are good sources. There are also specialist databases of black and Asian artists such as the African and Asian Visual Artists Archive (Aavaa).

### Selecting an artist

Arts projects in health settings can be very rewarding but also very complex, especially if they involve user participation and consultation. Each site and project will have its own requirements, and even the best-laid plans will change as the project progresses.

When working with users, their needs must always come first and, of course, health and safety requirements must be recognised and met. The needs of the artist running the project will invariably come last. You need to make sure that you find artists who

understand this and are able to leave their ego at the door. Modesty, the ability to communicate and a good sense of humour are important qualities in artists wishing to work in healthcare.

You can make your own assessment of an artist's work from a portfolio or slides. Their CV will also tell you about past projects, awards and training they have undergone. However, for them to work well in a health context, you will also be looking for other attributes alongside artistic excellence:

- **Previous health or community based experience:** while not essential, this can be helpful, especially if the artist is required to work with staff and users, or if you are new to the process of working with artists
- **Communication skills:** If they are to work well with a project team, be able to share their vision, and enthuse and consult with users and staff, the artist will need excellent communication skills
- **Flexibility:** the artists who work best in healthcare are highly adaptable and can react quickly to changing situations, think creatively and find solutions to obstacles as they arise
- **Caring and commitment:** you might want to assess the artist's motivation for the project. Are they committed to the project or just doing this until something better comes along? Do they have their feet firmly on the ground or are they overly idealistic about working in health?



*Ceramic fish, courtyard, Royal Devon and Exeter Hospital*

### Interviews

Having cast your net wide and put together a shortlist of artists, you will want to invite them to interview. As well as representatives from your organisation, you might include an experienced artist or arts professional on the interview panel.

Asking the artist to present his or her work in the form of a short ten minute presentation will tell you a lot – not only about their work but also about their communication skills, their motivation and the way that they work.



# 8

## The Private Finance Initiative (PFI)

PFI is the public building procurement policy introduced by the government in 1993. Private companies have always built NHS Hospitals, however, under PFI, a private consortia (funder, building contractor, architect and facilities management company) finance, build and then service and maintain a new hospital in return for an agreed annual charge from the NHS for both the use of the building and the provision of non-clinical services over a period of 25 years or more.

Thirty-three new hospitals, as well as other health facilities, are currently being built through PFI. It is the single biggest building programme in the history of the NHS. By 2008, the NHS will have a projected £4.2 billion worth of new investments through PFI.

The challenge for the NHS is to use this extensive building programme to raise the quality of healthcare design and architecture. It is a challenge widely supported by a number of key organisations: The Department of Health, NHS Estates, The Modernisation Agency, The NHS Confederation, The Medical Architecture Research Unit, The Commission for Architecture and The Built Environment, The Construction Industry Council, The Royal Institute of British Architects, The Kings Fund and The Nuffield Trust among others.

### How arts add value

The arts and artists have much to offer in helping the NHS rise to this challenge.

Artists can develop creative ways of helping the NHS trust develop an overall design vision for a scheme. They are also very effective at facilitating communication and devising consultation methodologies to ensure that users and local communities have a say in the development of design criteria.

As part of the design process artists working alongside architects and interior designers can contribute fresh ideas and new ways of thinking about materials and how they can be used.

There are also strong arguments for incorporating commissioned artworks into PFI schemes. The Achieving Excellence Design Evaluation Toolkit (AEDET) developed by The Centre for Healthcare Design, NHS Estates, recommends that design be evaluated under three basic headings: Functionality, Excellence and Impact. The arts have a significant contribution to make in creating impact. In particular, the arts can be used to:

- Create local distinctiveness
- Ensure that the built environment reflects individual human scale
- Meet the spiritual and emotional needs of patients and staff

- Support and improve wayfinding, for example by creating landmarks at entrances and in key public spaces
- Enhance landscaping and interior design through creative use of materials and finishes
- Enhance the prestige and reputation of the NHS trust during the redevelopment process.

## The PFI design process

### Commissioning artworks for the new building

Traditional building procurement allows a trial-and-error attitude during the development of detailed design, with solutions being created and modified in an iterative process. This is appropriate when the detailed design comes before a contractual commitment to build and means that changes and additions to the design can be made at any stage before final building contracts are issued.

However, under PFI, contractual commitments are being made with a private sector partner before the detailed design is complete. Once these contractual agreements are in place, any additions or changes to them will incur significant additional costs.

The requirements of the design are defined in advance by identifying the outputs required. These requirements set the framework for the design, within which more detailed requirements for the services to be provided can be accommodated.

To ensure that the arts are incorporated into both building and maintenance contracts, they must be part of the output specifications.

These specifications should be quantifiable and measurable. By setting clear objectives for an arts project at the beginning of the procurement process, the NHS trust and its private partner will be able to work together to achieve it.

If the arts are not included in the output specifications, it is likely that the private contractor will be unwilling to collaborate with

an arts programme that might jeopardise the building schedule and add additional unexpected costs for items such as:

1. The relocation and installation of artworks from existing hospitals into the new hospital.
2. The installation of artworks in the newly built hospital as part of an ongoing arts programme.
3. The cleaning, repair and maintenance of artworks in the new building as part of an ongoing arts programme.
4. Any changes made to the design of the building in order to incorporate commissioned artworks such as:
  - Re-specifying windows to incorporate stained glass designs
  - Re-specifying floor finishes to include commissioned floor designs
  - Requesting additional lighting or electrical supplies linked to artworks
  - Strengthening ceilings so that they can take hanging artworks.

Guidance on preparing output specifications is included in Public Private Partnerships in the National Health Service: The Private Finance Initiative Good Practice Section One: The Selection and Preparation of Schemes.

### Managing the transfer of existing works of art to the new building

Artworks should be classified as equipment and be included on the NHS trust's asset register. If the NHS trust wishes to transfer artworks as well as items of historical value or interest from an existing building to the new hospital, it is most likely that the private contractor will install the works in the new building, in which case they will be classified as 'Group 2 Equipment'.

If it hasn't done so already, the trust should carry out an inventory of all of its existing artworks and historical artefacts. This is a good opportunity to review whether all the works of art should be moved or whether some should be sold off or given away depending on their value, appropriateness and state of repair. Historical artefacts, while



not always of great decorative value, are often a significant part of an institution's history. Retaining them and sensitively locating them in the new building may help to create a sense of place and continuity.

### Setting service agreements in place for an ongoing arts programme

The trust will have to set out what services it expects to be provided by the private sector as part of the project in the Invitation to Negotiate (ITN).

If there is to be an arts programme, output specifications will need to be developed for that service, whether or not it is to be provided by the trust or the PFI partner. Such output specifications should include:

- The scope and aims of the arts project
- Quantifiable objectives
- Performance standards
- Constraints
- Estimated activity/output levels
- System for performance management.

If the service is to be provided by the private partner, bidders will be responsible for developing operational policies covering

- Installation of artworks
- Maintenance of artworks
- Insurance of artworks
- Lighting of artworks
- Provision of stage/platform for performance work



Courtyard, University Hospital North Durham

- Provision of workshop and storage space for future arts projects
- Provision of a temporary exhibition space.

If the service is to be provided by the trust, careful thought and negotiation must take place as to how this will interface with services provided by the private partner. For example, will the arts project be permitted to install works on walls managed by the private facilities management company?

### The arts strategy

It is recommended that the NHS trust start to develop an arts strategy or arts development plan alongside the Outline Business Case and continue to refine it in line with the PFI procurement process, so that a full arts strategy is in place alongside the Full Business Case.

In order to be of any use to the private partners, enabling them to calculate risk and cost, ensure that the arts strategy has defined parameters. As well as the output specifications for an ongoing arts programme as outlined above, it should also include a clear strategy for commissioning new work, including:

- Aims and objectives of the arts commissioning programme in relation to the PFI build
- How the arts commissioning programme will be managed, including individual roles and responsibilities
- A summary of the individual commissions, including information on where they will be located, what medium they will be made in and how they will be installed
- Detailed briefs for each commission
- Detailed budget and cash flow
- Fundraising strategy
- Timetable and key milestones
- Communications strategy relating to the arts programme
- Clarification as to who will own the commissioned work
- Insurance and maintenance responsibilities.



Wall hangings, Cumberland Infirmary, Carlisle.

- This committee could also comment on and agree the interior design scheme

#### Professionalism

- If art is brought into PFI developments it must be professionally managed so that all partners have confidence in the process and the art committee's ability to meet deadlines. This may require the recruitment of a professional arts adviser or arts co-ordinator, employed either by the trust or the private partner
- There needs to be a commissioning methodology that is clear and thorough without being too prescriptive
- If you do not have an in-house arts adviser, consider using a specialist arts and health or public art consultant to guide you through the process

#### Managing Risk

PFI is about managing risk:

- The proactive nature of art means that it is difficult for contractors to manage since it can be seen to represent risk
- Be clear about the scope and parameters of the arts project. Identify the quantity of work to be commissioned, locations, medium and method of installation
- Write full and detailed briefs for each commission.

#### Timing

- Develop an outline arts strategy at the same time as the Outline Business Case
- A clear statement about the arts in relation to design objectives early on will avoid arguments and save time and money later
- Bring specialist arts advisers on board early
- Start fundraising as soon as you have an outline strategy in place

#### Funding

- The budget for the arts strategy needs to be secured early in the process in order to meet contractual deadlines
- Even if it is to be raised from charitable sources, it might need to be underwritten by the trust or a charitable foundation

## Key factors for success

### Build consensus early in the process

- Make sure that the trust design champion the PFI project board and project director, as well as the private partners, understand the potential of the arts to deliver added value and meet key design objectives
- Use examples of successful arts and health projects elsewhere to convince a sceptical audience
- Organise visits to show what is possible, or invite those with arts and health experience to talk about the benefits
- Involve the architect and other consortia designers at an early stage. Remember that designers are only human. If they have already produced a final scheme design they may take it personally if the client wants to make changes in order to 'enhance' it

### Art and Design Committee

- Ensure that you have a well managed arts committee with clear terms of reference
- Include the contractor, architect, PFI partner, facilities management company, local authority or regional Arts Council arts officers, the design champion (chief executive), the project director and members of the PFI board, as well as staff and patient representatives





EXIT

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EXIT

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Level

Level G

Wards 21-24

Neuro Therapy Services

Neurosciences Admin

Neurosciences Nursing

University Seminar Rm

Cardiovascular Research

EXIT

- Think about who does the arts fundraising. It is a specialist job and it might be necessary to employ a fundraiser or to work with an arts adviser who has fundraising experience
- If the money is to be raised by the trusts fundraising campaign, a commitment to this and clear priorities must be set by the chief executive

## Summary of input required at design stages

### Outline Business Case (OBC)

- Commitment to incorporating arts written into OBC
- Solicit specialist arts advice
- Art and design committee established.
- Develop draft arts strategy with clear parameters
- Identify funding for strategy
- Negotiate underwriting if funding not already in place

### Invitation to Negotiate (ITN)

Note in the ITN that the PFI partner should work with the trust to develop a final arts strategy in response to the design output specifications. Such output specifications might be a part of:

### *The Whole Development Statement*

- Design objective statement
- Town planning issues, including the visual impact of the scheme
- Key policy statements such as the arts strategy

### *The Architectural Output Specification*

- Standards for design, construction and finish
- Schedule of general architectural requirements dealing with more subjective aspects of design, where requirements will be non-mandatory, such as an aesthetic statement and reference to an arts strategy
- The type of environment – deinstitutionalised atmosphere etc

### *Equipment Schedules, including information as to the service issues and requirements of equipment*

Artworks should be classified as equipment and be included on the trust's asset register.

Itemise artworks according to whether they fall under:

- Group 1 Equipment supplied and fitted by the contractor
- Group 2 Equipment supplied by the trust and installed by the contractor
- Group 3 Equipment supplied and installed by the trust

Highlight any existing equipment to transfer to the PFI partner.

### Full Business Case (FBC)

- Final arts strategy included in FBC
- Detailed briefs written for all commissions
- Roles and responsibilities, timetable and key milestones agreed for managing the commissioning process
- Funds to implement arts strategy secured or underwritten
- Management structures put in place to deal with ongoing arts programme post build
- Identify opportunities for future commissions post build
- Involvement of arts adviser and arts committee in interior and colour decisions at detailed design stage
- Register of artworks to be relocated complete
- Policy on installation and maintenance agreed with PFI partner



# 9

## Working with artists

Artists are sometimes caricatured as demanding and difficult prima donnas who have no idea of the practicalities of working in the real world. While this may be true of a few, there are many more who are sensitive people with insight, imagination and highly developed creative thinking and problem-solving skills.

Many artists are also excellent communicators, and, through having to manage their own businesses, are organised, efficient and only too aware of budget restraints.

However, that said, when artists work in healthcare there is a meeting of two very different cultures, and a need, on both sides, to understand each other. The best working relationships are founded on mutual trust and respect as well as open and honest communication. So, to get the best out of an artist, be clear about what you want, brief your artist well, be prepared to listen to their ideas and suggestions and offer as much support and background information as you can.

### Artists' induction

A formal induction or orientation should always be given to an artist before starting work in a healthcare setting. The induction should not only cover health and safety and other practical issues, but also moral and ethical issues as well as guidance on

dealing with intense and emotional situations.

As well as an induction, artists might need specific training around issues such as confidentiality, dealing with difficult or compromising situations, managing professional boundaries or the needs of a particular client group such as mental health service users, children or older people.

### An induction checklist

#### *Health check*

- If an artist is coming into contact with patients

#### *Criminal Records Bureau disclosure*

- For artists working unsupervised with children or vulnerable adults. Make sure you apply for this several months before the project starts since it can take this long to come through

#### *Health and Safety*

- Materials and equipment risk assessment
- Reminder to switch off mobile phones while in a hospital building
- Fire awareness
- HIV/Aids awareness
- MRSA/Tuberculosis awareness



Queen Elizabeth Hospital, Gateshead

### Information about your organisation

- Organisational procedures and protocols
- Who's who: Staff uniforms and etiquette
- Site maps

### Project information

- Contract and project brief
- Project timetable and key deadlines
- Reporting lines
- Information about the wider arts project or programme of which they are a part

### A practical checklist

- ID badges
- Where personal belongings can be kept while on site
- Where keys can be obtained from and returned
- Important contacts, including telephone numbers
- Where to store project materials
- Patient consent protocols
- Ward visitors' guide

## Supporting artists to work in healthcare

Artists working in healthcare can be called upon to wear many different hats: artist, teacher, friend, and listener. Patients and

visitors often turn to an artist in residence as someone they can talk to. While this is a positive benefit of much arts and health work, it can also create problems if not properly handled.

As patients and relatives unburden anxieties and occasionally distressing details about an illness, the artist must be prepared about how to deal with this. Strong feelings can be triggered when you are in close contact with patients and even the most robust of people can be affected by things that they see or hear in healthcare environments.

### Debriefing

Make sure that your artist has someone to report to at the end of a day working with patients so that they can talk through any issues that might have arisen. Encourage them to talk about upsetting experiences rather than take them home with them.

### Daily diaries

Keeping a daily diary can be a valuable support tool for artists working in this way since it helps bring to the surface any issues or feelings experienced. A daily diary can also provide a useful way of evaluating a project on a day-to-day basis and can help feed-back learning into future projects.

Having a checklist of headings around which to write such a diary can be helpful:

#### 1. The place where you have been working

- Quiet times / noisy times
- Bad times, e.g. when patients are resting/washing/dressing etc.
- Anywhere that needs a specific type of attention, such as sessions with siblings or parents

#### 2. How did it go?

- What worked well?
- What didn't work well?

#### 3. Feedback from staff and patients

#### 4. Your observations and anecdotes



## The value of good PR

It is important to think about how you will promote the arts project to a variety of audiences, both inside and outside the organisation. The better informed people are, the more likely they are to be supportive of the endeavour. Good publicity has the power to:

- Generate awareness of the arts project
- Raise the profile of your organisation
- Engender staff pride
- Dispel misconceptions
- Support fundraising

- Facilitate community involvement and ownership.

### Internal Communications

In order to make sure that other staff within the organisation know about, understand and are supportive of the arts programme, use a number of methods to keep them well-informed. Staff are busy and bombarded with information at work, so be innovative and creative to catch their attention:



*Detail from wall hanging, Trust Arts Project, Lambeth*



- Produce a general information leaflet about the arts project
- Look for opportunities to place articles with photographs in staff newsletters
- Ask artists and members of the arts committee to make presentations to key stakeholder groups at departmental meetings
- Produce an eye-catching display for a public area
- Produce colourful posters for staff notice boards
- Use hospital radio to promote projects and generate debate about the role of art
- Develop ways for staff to contribute ideas and aspirations to the arts committee
- If appropriate, use the internal email system
- Foster arts advocates who can actively spread the word about the arts project.

## External communications

An arts project can be used to present a positive image of the organisation as a whole to the outside world. A high profile arts project is unlikely to attract negative comment if its aims in relation to healthcare are clearly explained.

For example, a project that has involved patients in working with an artist to develop designs for an improved ward environment will demonstrate that a hospital is proactive, innovative and caring, that it strives to create high-quality, welcoming and healing environments, and that it seeks to involve users in the development of services.

An external communications strategy might seek to:

- Gain the support of patient groups or the Community Health Council
- Attract high profile press coverage in order to influence funders
- Attract the support and involvement of local arts organisations and artists.

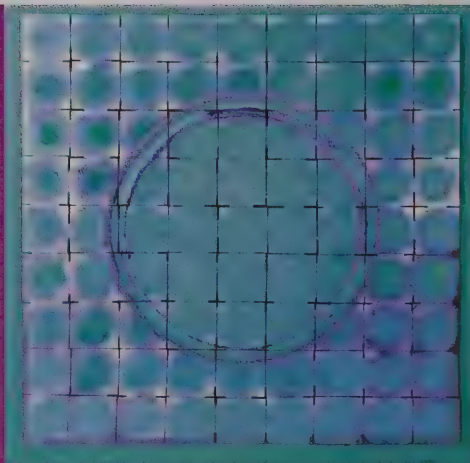
Enlist the support of the communications department to target external audiences via:

- Press, radio and television coverage
- An information leaflet about the arts project
- An annual report detailing your achievements and accounting for the use of funds
- Presentations and slide talks to user groups, arts organisations and potential funders
- If appropriate, open days or tours of the project.



## Evaluation

Cool colours Central Middlesex Hospital NHS Trust



Evaluation should look at all aspects of a project. Some projects might be easily measurable such as the number of participants, while others, such as the impact on people's feelings, or the increase in morale or confidence it may have faulted, are hard to pin down let alone measure. Evaluation should also take a critical but constructive look at the process to ask whether there is room for improvement.

Evaluation takes many different forms and is used to meet several different objectives depending on the aims of the arts project and for whom the evaluation is conducted:

- Funders may demand financial accountability, cost effectiveness and value for money
- Healthcare managers may want to examine the health benefits of a project
- Participants may be more interested in whether the process has been accessible and enjoyable and whether they have learnt new skills, made new friends or gained access to new health information
- Artists will want to know how they can improve their working methods and develop their creative practice
- The arts committee or arts co-ordinator may want statistics and anecdotal evidence to demonstrate the value of the work, or to provide proof to sceptical members of the organisation. They may also want the sort of feedback gained from critical reflection to inform the development of future projects.

## Setting objectives

The secret to effective evaluation is in setting clear, measurable and achievable objectives for the project as a whole and knowing for whom you are carrying out the evaluation.

Knowing for whom you are evaluating will help to ascertain what it is you need to find out. Do you need quantitative data such as statistics, qualitative and anecdotal evidence or a combination of both?

Funders may want to know how the money has been spent or the numbers and type of participants. However, a sceptical board may respond better to an inspiring personal account of what the project has meant to just one individual.

The objectives should inform the evaluation methods you use to test whether they have been met. For example questionnaires may be used to track changes in attitude or understanding. Record keeping may be used to count participants or to account for funds. More open practices such as focus group meetings or one-to-one conversations may be needed to understand participants' personal experience of a project.

Moreover, the objectives will also determine whether one needs to carry out any surveys before the start of a project in order to have something against which to measure progress. For example, if a project objective

is to improve a waiting room environment, it will be necessary to measure patient and staff attitudes towards that environment before the project has taken place as well as after completion so that you can track any changes in people's perception of it. If a project objective is to increase awareness of health information, you will need to measure awareness before and after the project.

## Methodology

The methods used to evaluate must be appropriate to your project and the people you are working with, as well as to the budget available.

It is important to consider how you will evaluate at the planning stage of a project since methodologies for collecting information must be set in place from the very beginning.

### Record Keeping

Keeping a record of the numbers and type of participants, or cataloguing work purchased, must be done as you go along and as part of the project. This approach can be used to gather anecdotal evidence as well as statistical data. If in doubt, write it down.

### Questionnaires

The most often used method of collecting feedback is the questionnaire. However, this does not always work well. People can be reluctant to spend time filling it out, and if they do, they will not always tell you what you need to know. At the end of a project participants can be keen to say nice things and reluctant to be critical. When drafting a questionnaire, it is important to consider the fact that the way a question is worded will partly determine the responses you get. If you have never developed an evaluation questionnaire before, you may be able to seek help from your communications department.

### Interviews and informal discussions

Questionnaires often stand a better chance of success if there is someone on hand to

help and encourage people to complete them, perhaps to carry out one-to-one interviews based on a questionnaire. Informal chats can also be a good way to find out what people really think.

### Meetings and feedback sessions

Getting participants together to discuss a project can be an effective way of generating debate and discussion. However, it is important to encourage constructive criticism and open debate. (See also Daily diaries on page 36.)

## Cost

Evaluation takes time and, therefore, costs money. Whether it is your time, the artist's time or that of an outside evaluator, you will need to consider how you will pay for it. There may also be costs incurred in setting up evaluation meetings, or in paying for participants' travel costs to attend such meetings.

## Further reading

Examples of arts and health evaluation can be found on the National Network for Arts in Health website ([www.nnah.org.uk](http://www.nnah.org.uk)).

There are several books published on evaluating arts projects, in particular *An enquiry concerning possible methods for evaluating arts for health projects* by John Angus, Pioneer Projects (Celebratory Arts) Limited, published by Community Health UK, April 1999.

*The Arts in Healthcare* by Charles Kaye and Tony Blee also contains a chapter on 'Evaluating the Effectiveness of the Arts in Healthcare' by Robin Phillipp.



## Summary

There are as many routes to setting up a successful arts in health programme as there are programmes, each one tailored to meet the specific circumstances, resources and needs of the organisation and the communities it serves.

However, whatever route is taken, here are some guidelines to make the journey easier and the end point more certain:

### **Be clear about where you want to go!**

Set aside adequate planning time to develop clear, achievable aims and objectives that reflect the needs of the organisation and the communities it serves.

### **Start early!**

The most common failing of arts and health projects is to allow too little development time for arts projects. Whether you are raising money, recruiting an artist, involving an artist in a new building development, bringing on board an arts and healthcare specialist or arts consultant, the sooner you start the better.

### **Seek help!**

Arts management, public art commissioning and arts fundraising are specialised activities. Local authority arts officers and regional arts council officers may be able

to offer advice and guidance, but consider also whether you need to employ a freelance arts consultant or recruit an arts co-ordinator to lead you through the process.

### **Get people involved!**

Staff, users and patient groups, artists, local arts organisations and community groups all have a stake in the arts project. Draw them in, get them enthused, encourage them to take responsibility and help them achieve your aims.

### **Have fun!**

Running an arts programme can be hard work. Careful and thorough planning is needed, records must be kept, reports written, money raised, and a myriad of health and safety considerations be taken into account. But don't lose sight of what it is all about. Step outside the box. Think creatively. Experiment with ideas. Take risks and, above all, have fun.





### General contacts

#### African and Asian Visual Artists Archive (Aavaa)

University of East London  
Eastern Academic Building  
Docklands Campus  
Royal Albert Way  
London E16 2QL

020 8223 3405

email [j.e.conley@uel.ac.uk](mailto:j.e.conley@uel.ac.uk)

A comprehensive slide archive of contemporary African and Asian artists practising in Britain. Includes slides, artists' statements, audiotapes, videos, critical texts, magazines and other publications. For more information, see [www.uel.ac.uk/aavaa](http://www.uel.ac.uk/aavaa)

#### AN: The Artists Information Company

1st Floor  
7–15 Pink Lane  
Newcastle-upon-Tyne NE1 5DW

0191 241 8000

email [info@anpubs.demon.co.uk](mailto:info@anpubs.demon.co.uk)

AN provides information, advice and debate for visual and applied artists. It is a not-for-profit company, run by artists for artists. For more information, see [www.anweb.co.uk](http://www.anweb.co.uk)

### Art and Architecture

75 Cowcross Street  
London EC1M 6EJ

email [a&a@tsib.demon.co.uk](mailto:a&a@tsib.demon.co.uk)

A practitioner-led alliance, which aims to promote a better environment for all, by supporting collaboration between artists, craftspeople and architects.

For more information, see [www.artandarchitecture.co.uk](http://www.artandarchitecture.co.uk)

### Arts and Business

Nutmeg House  
60 Gainsford Street  
Butler's Wharf  
London SE1 2NY

020 7378 8143

email [head.office@AandB.org.uk](mailto:head.office@AandB.org.uk)

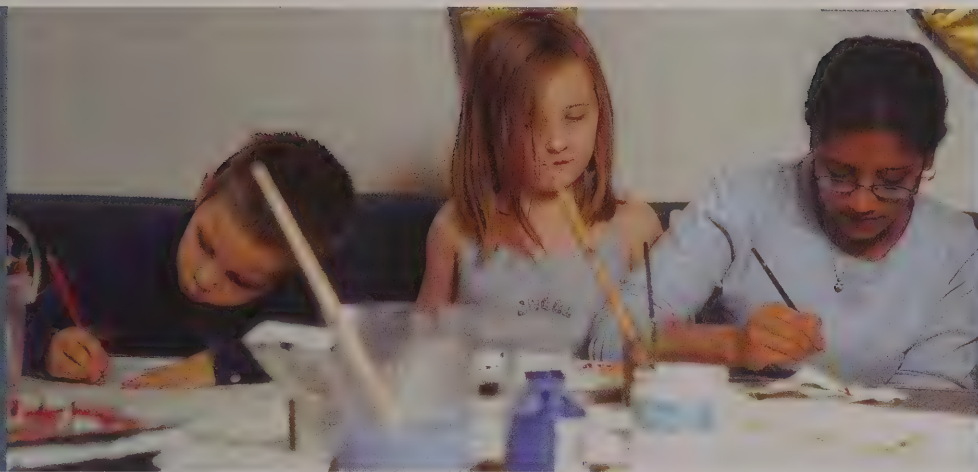
Arts and Business is a national organisation with regional offices which exists to promote and encourage partnerships between the private sector and the arts. For more information, see [www.aandb.org.uk](http://www.aandb.org.uk)

### Arts for Health

Manchester Metropolitan University  
All Saints  
Oxford Road  
Manchester M15 6BH

0161 236 8916

email [p.senior@mmu.ac.uk](mailto:p.senior@mmu.ac.uk)



Children painting at Bromley by Bow Healthy Living Centre

Arts for Health is a national centre established to provide practical help, information and advice to all who are concerned with using the arts as a complementary part of healthcare. Through its information, advice and consultancy service, the centre assists with the practical development of arts projects and events, and gives advice on appropriate funding, planning, management, monitoring and evaluation of arts projects. For more information, see [www.artdes.mmu.ac.uk/arts4hth/introduc.htm](http://www.artdes.mmu.ac.uk/arts4hth/introduc.htm)

#### **AXIS**

Leeds Metropolitan University  
8 Queens Square  
Leeds LS2 8AJ

0870 443 0701

email [axis@lmu.ac.uk](mailto:axis@lmu.ac.uk)

Provides information on contemporary artists and makers living and working in Britain. The AXIS database features 10,000 images by over 3,000 artists, both established professionals and new graduates. For more information, see [www.axisartists.org.uk](http://www.axisartists.org.uk)

#### **The British Association of Art Therapists (BAAT)**

Mary Ward House  
5 Tavistock Place  
London WC1H 9SN

020 7383 3774

email [baat@ukgateway.net](mailto:baat@ukgateway.net)

BAAT was formed in 1964 from a group of artists and therapists to develop art therapy as a profession and act as national voice. It acts as a forum for ideas and innovations in art therapy, developing criteria for training and standards of professional practice. For more information, see [www.baat.org/](http://www.baat.org/)

#### **Commission for Architecture and the Built Environment (CABE)**

The Tower Building  
11 York Road  
London SE1 7NX

020 7960 2400

email [enquiries@cabe.org.uk](mailto:enquiries@cabe.org.uk)



### **Centre for the Arts and Humanities in Health and Medicine (CAHHM)**

Mike White  
Director of projects  
The Business School  
University of Durham  
Mill Hill Lane  
Durham DH1 3LB

0191 374 7169

email [Mike.White@durham.ac.uk](mailto:Mike.White@durham.ac.uk)

CAHHM was set up in 2000 by Sir Kenneth Calman – vice chancellor of Durham University and former Chief Medical Officer – to follow on from the Nuffield Trust's pre-millennium conferences on arts and humanities in medicine. CAHHM is an independent research and evaluation resource based in the University of Durham. CAHHM investigates and promotes the practical applications and benefits of arts and humanities in healthcare by producing the evidence base for their value and effectiveness, and developing arts and humanities in the education of health professionals. It liaises closely with NNAH and co-ordinates the development of the Medical Humanities Network on behalf of the Nuffield Trust. For more information, see [www.dur.ac.uk/cahbm](http://www.dur.ac.uk/cahbm)

### **The Centre for Creative Communities (CCC)**

Jennifer Williams  
Director  
Ground floor  
118 Commercial Street  
London E1 6NF

020 7247 5385

email: [info@creativecommunities.org.uk](mailto:info@creativecommunities.org.uk)

Established in 1978, the Centre for Creative Communities is an independent charity with extensive national and international experience. It works in arts and education, cultural exchanges and urban regeneration, promoting the building of creative and sustainable communities, where creativity and learning have pivotal roles in personal,

social and cultural development. Through targeting concerned agencies and individuals, and encouraging collaborative partnerships among diverse parties, the CCC aims to influence public and private policy in the area of community regeneration. CCC has worked extensively with the NHS on arts and regeneration projects. For more information, see [www.creativecommunities.org.uk](http://www.creativecommunities.org.uk)

### **Centre for Healthcare Design**

NHS Estates  
Trevelyan Square  
Boar Lane  
Leeds LS1 6AE

0113 254 7000

email [jane.crossley@doh.gsi.gov.uk](mailto:jane.crossley@doh.gsi.gov.uk)

### **Charities Commission**

Harmsworth House  
13–15 Bouverie Street  
London EC4Y 8DP

0870 333 0123

Woodfield House  
Tangier  
Taunton  
Somerset TA1 4BL

0870 333 0123

20 Kings Parade  
Queens Dock  
Liverpool L3 4DQ

0870 333 0123

email [feedback@charitycommission.gov.uk](mailto:feedback@charitycommission.gov.uk)

Web site [www.charitycommission.gov.uk](http://www.charitycommission.gov.uk)

### **Companies House**

21 Bloomsbury Street  
London WC1B 3XD

0870 333636

email [enquiries@companieshouse.gov.uk](mailto:enquiries@companieshouse.gov.uk)

### **Construction Industry Council**

26 Store Street  
London WC1E 7BT

020 7637 8692

email [cic@cic.org.uk](mailto:cic@cic.org.uk)

### **The Crafts Council**

44a Pentonville Road  
London N1 9BY

020 7278 7700

email [reference@craftscouncil.org.uk](mailto:reference@craftscouncil.org.uk)

The Crafts Council is the UK national organisation for the promotion of contemporary crafts. It is a good reference source if you are looking for furniture makers, stained glass artists, ceramic artists or metal workers etc. For more information, see [www.craftscouncil.org.uk](http://www.craftscouncil.org.uk)

### **DCMS**

2-4 Cockspur Street  
London SW1Y 5DH

020 7211 6000

email [enquiries@culture.gov.uk](mailto:enquiries@culture.gov.uk)

DCMS is involved with a range of art in health projects as it sees the promotion of art and creativity as integral to its work on social exclusion. For more information, see [www.culture.gov.uk](http://www.culture.gov.uk)

### **Directory of Social Change**

24 Stephenson Way  
London NW1 2DP

020 7209 1015 main number

020 7209 5151 publications department

Web site [www.dsc.org.uk](http://www.dsc.org.uk)

### **Health Action Zones (HAZs)**

HAZnet Team  
Health Development Agency  
Holborn Gate  
330 High Holborn  
London WC1V 7BA

Enquiry line: 020 7061 3101

Across Britain, 26 HAZs have been established in areas of poor health and deprivation to improve health inequalities and modernise services through local innovation. The HAZs represent a new approach to public health by linking health, regeneration, employment, education, housing, leisure and anti-poverty programmes. The involvement of local communities is at the heart of the HAZ way of working with local organisations, including the voluntary sector important partners in the initiatives. The arts have played a significant role in HAZ projects and in community participation. For more information, see [www.haznet.org.uk](http://www.haznet.org.uk)

### **Health Development Agency (HDA)**

Holborn Gate  
330 High Holborn  
London WC1V 7BA

020 7430 0850

email [communications@hda-online.org.uk](mailto:communications@hda-online.org.uk)

HDA advises on the setting and implementation of public health standards for all aspects of the health improvement process. It works closely with other statutory agencies and professional organisations involved in standard setting and inspection activities. It commissions research to support evidence on how to improve the public's health, drawing together data from a range of sources, maintaining an up-to-date map of the evidence base and disseminating examples of good practice. It is compiling an evidence base of arts in health projects, which may be accessed at its website. For more information, see [www.hda-online.org.uk](http://www.hda-online.org.uk)



### **Healthy Living Centres**

New Opportunities Fund  
1 Plough Place  
London EC4A 1DE

020 7211 1800

email [general.enquiries@nof.org.uk](mailto:general.enquiries@nof.org.uk)

A network of Healthy Living Centres has been created by the New Opportunities Fund as a key part of implementing 'Our Healthier Nation'. The New Opportunities Fund is a Lottery distributor created to award grants to education, health and environment projects throughout the UK.

Many of its grant programmes focus particularly on those in society who are most disadvantaged. Healthy Living Centres are community-based centres that have the task of tackling social exclusion by improving the self-esteem and respect of individuals and communities. These centres recognise the importance of art as a holistic approach to healthier living. The Healthy Living Centres programme is now closed to new applications and New Opportunities Fund says it expects to make all its awards by September 2002. It produces an online newsletter that contains further details about the programme, news of some successful projects and information about support available for healthy living centres. For more information, see [www.nof.org.uk](http://www.nof.org.uk)

### **The King's Fund**

King's Fund  
Sarah Waller  
Programme manager  
11–13 Cavendish Square  
London W1G 0AN

020 7307 2400

The King's Fund is an independent charitable foundation whose goal is to improve health, especially in London. Over the years the King's Fund has provided substantial grants for the maintenance and improvement of London's hospitals – including arts in health projects. The King's Fund's successes include a scheme called Enhancing the Healing Environment which

forms part of its Millennium Programme Grants. The initiative invests in a nurse-led programme of environmental improvements to acute hospitals wards/clinics and mental health trusts in London. The underlying ethos is to promote patient well-being and foster a healing environment. For more information, see [www.kingsfund.org.uk](http://www.kingsfund.org.uk)

### **Local Authority Arts Officers**

Contact the arts or leisure and tourism departments of your local council offices – County Council, District Council or Unitary Authority, or London Boroughs. There is likely to be an arts officer there, most likely an arts development officer, who will be able to help you with specialist advice on how to get your projects off the ground.

For many of them, the idea of arts in health may still be new, so you may have to explain what you are trying to do and why. If you can win their support, they are likely to work with you to help you achieve your aims.

### **The London Arts in Health Forum**

C/o Vital Arts  
The Royal London Hospital  
Whitechapel  
London E1 1BB

020 7377 7000 ext 2169

email  
[donna.rodriques@bartsandthelondon.nhs.uk](mailto:donna.rodriques@bartsandthelondon.nhs.uk)

### **Medical Architecture Research Unit (MARU)**

South Bank University  
Wandsworth Road  
London SW8 2JZ

020 7815 8395

email [francis@sbu.ac.uk](mailto:francis@sbu.ac.uk)

### **National Artists Association (NAA)**

Space Place  
43–45 Dace Road  
London E3 2NG,

0800 085 7217

email [naa@gn.apc.org](mailto:naa@gn.apc.org)

NAA is an artist-led membership organisation campaigning on behalf of artists at regional, national and international level. Promotes codes of practice and contracts for the visual arts and advises and campaigns on legal and other issues including the Artists' Campaign for the Resale Right.

#### **National Council for Voluntary Organisations**

Regent's Wharf  
8 All Saints Street  
London N1 9RL

020 7713 6161

Helpdesk 0800 2 798 798

email [ncvo@ncvo-vol.org.uk](mailto:ncvo@ncvo-vol.org.uk)

Web site [www.ncvo-vol.org.uk](http://www.ncvo-vol.org.uk)

#### **National Network for the Arts in Health (NNAH)**

Lara Ellen Dose  
Director  
123 Westminster Bridge Road  
London SE1 7HR

020 7261 1317

email [info@nnah.org.uk](mailto:info@nnah.org.uk)

NNAH was launched in October 2000 following research that identified a need for an organisation to operate across the UK, providing information, resources and facilitating appropriate links for individual practitioners in the arts in health field. The organisation is already having a crucial impact in making the benefits of the arts in healthcare known and put into practice more widely. For more information, see [www.nnah.org.uk](http://www.nnah.org.uk)

#### **NHS Confederation**

1 Warwick Row  
London SW1E 5ER

020 7959 7272

The NHS Confederation is the only membership body for all NHS organisations. Members include over 95% of NHS trusts,

primary care trusts and health authorities in England and Wales; health boards and trusts in Scotland; and health and social services trusts and boards in Northern Ireland. For more information, see [www.nhsconfed.org/](http://www.nhsconfed.org/)

#### **NHS Modernisation Agency**

Richmond House  
79 Whitehall  
London SW1A 2NS

Fax 0207 210 4904

Web site [www.modernnhs.nhs.uk](http://www.modernnhs.nhs.uk)

#### **The Nuffield Trust**

59 New Cavendish Street  
London W1G 7LP

020 7631 8450

email [mail@nuffieldtrust.org.uk](mailto:mail@nuffieldtrust.org.uk)

The Nuffield Trust is an independent observer of the UK health scene and the NHS, concentrating its efforts in research and policy studies in health services.

The Nuffield Trust and Durham University launched Britain's first National Co-ordinating Council and Centre for Integrating the Arts and Humanities into the NHS. The Council is chaired by Professor Michael Baum, Professor of Surgery at University College, London. The Council along with CAHHM – which was launched at the same time – aims to challenge and moderate the heavy science and technology bias that has traditionally dominated health service culture, professional training and patient care. For more information, see [www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

#### **Paintings in Hospitals**

The Sheridan Russell Gallery  
16 Crawford Street  
London W1H 1BS

020 7935 0250

email [mail@paintingsinhospitals.org.uk](mailto:mail@paintingsinhospitals.org.uk)

Established 40 years ago, Paintings in Hospitals now owns some 3,000 works of art



which are on loan to more than 200 hospitals and other healthcare establishments throughout the UK. The scheme enables wards, corridors and waiting areas to be transformed overnight without any capital outlay. Permanent exhibition space for the collection was secured in 1997 at the Sheridan Russell Gallery in London.

#### **The Prince's Foundation**

19–22 Charlotte Road  
London EC2A 3SG

020 7613 8500

email [enquiry@princes-foundation.org](mailto:enquiry@princes-foundation.org)

#### **Private Finance Unit**

Department of Health  
Room 3W54  
Quarry House  
Quarry Hill  
Leeds LS2 7UE

0113 254 6132

#### **Public Art Forum**

Halfpenny Wharf  
Torrington Street  
East-the-Water  
Bideford  
North Devon EX39 4DP

01237 470440

email [p.art.forum@dial.pipex.com](mailto:p.art.forum@dial.pipex.com)

The National Association for Public Art. Membership is open to practising artists, design professionals, educators, commissioning agencies, local authorities and other interested in public art.

#### **Public Arts South West**

Public Arts South West's website contains good advice and case studies on the commissioning process – see [www.publicartonline.org.uk](http://www.publicartonline.org.uk)

#### **Quality Protects**

Barbara Herts  
Head of Children's and Young People's Participation  
Quality Protects  
Wellington House  
135–155 Waterloo Road  
London SE1 8UG

020 7972 4237

email [bherts@doh.gov.uk](mailto:bherts@doh.gov.uk)

The Quality Protects Programme is a key part of the government's wider strategy for tackling social exclusion. It focuses on working with some of the most disadvantaged and vulnerable children in our society. The key aim of Quality Protects (QP) is to ensure improved day-to-day decision making in children's individual care. Initiatives include:

- **Gallery Project** – is a cross government initiative (DH/DCMS) to enhance the participation of vulnerable young people in the creative arts.
- **Animation Project** – The animation film was produced by the QP Disabled Children's Reference Group and the Children's Society. This forms part of a project to improve young people's participation through the medium of film and animation.

For more information, see [www.doh.gov.uk/qualityprotects/](http://www.doh.gov.uk/qualityprotects/)

#### **Royal Institute of British Architects (RIBA)**

66 Portland Place  
London W1B 1AD

020 7580 5533

email [info@inst.rjba.org](mailto:info@inst.rjba.org)

RIBA has created a health-client policy group, which each year considers two or three major issues. Projects include campaigning for 1% of capital programmes to be committed to the incorporation of artwork into design. For more information, see [www.architecture.com](http://www.architecture.com)

### **Sure Start**

Sure Start Unit  
Level 2  
Caxton House  
Tothill Street  
London SW1H 9NA  
Fax 020 7273 4830

The £452 million Sure Start initiative aims to improve the life chances of children under four in areas of need in England, by improving access to health, family and education services. Sure Start projects aim to build children's self-esteem and confidence, but also identify problems and intervene before the child gets to school and possibly gets excluded. Across the country projects are using art as a way of encouraging parents and children to get involved in creative activities. For more information, see [www.surestart.gov.uk](http://www.surestart.gov.uk)

### **WillisNewson**

Jane Willis  
WillisNewson  
10 Picton Street  
Bristol BS6 5QA  
0117 924 7617  
email [info@willisnewson.co.uk](mailto:info@willisnewson.co.uk)  
Web site [www.willisnewson.org.uk](http://www.willisnewson.org.uk)

### **The Arts Council**

#### **Arts Council of England**

14 Great Peter Street  
London SW1P 3NQ  
020 7973 6517  
email [enquiries@artscouncil.org.uk](mailto:enquiries@artscouncil.org.uk)  
Web site [www.artscouncil.org.uk](http://www.artscouncil.org.uk)

#### **Arts Council of Northern Ireland**

MacNeice House  
77 Malone Road  
Belfast BT9 6AQ  
028 9038 5200  
email [creative@artscouncil-ni.org](mailto:creative@artscouncil-ni.org)  
Web site [www.artscouncil-ni.org](http://www.artscouncil-ni.org)

#### **Arts Council of Wales/Cyngor Celfyddydau Cymru**

9 Museum Place  
Cardiff CF10 3NX  
029 20 376500  
email [information@ccc-acw.org.uk](mailto:information@ccc-acw.org.uk)  
Web site [www.ccc-acw.org.uk](http://www.ccc-acw.org.uk)

#### **Scottish Arts Council**

12 Manor Place  
Edinburgh EH3 7DD  
0131 226 6051  
email [help.desk@scottisharts.org.uk](mailto:help.desk@scottisharts.org.uk)  
Web site [www.sac.org.uk](http://www.sac.org.uk)

#### **Arts Council Collection**

Hayward Gallery  
Royal Festival Hall  
London SE1 8XX  
020 7921 0878  
email [jconstantine@hayward.org.uk](mailto:jconstantine@hayward.org.uk)  
Web site [www.hayward-gallery.org.uk](http://www.hayward-gallery.org.uk)



### **Arts Council Mailing Lists**

To post an advertisement or to become a subscriber to the lists log on to [www.arts.org.uk/directory/mailling\\_list/index.html](http://www.arts.org.uk/directory/mailling_list/index.html)

### **Regional Offices of the Arts Council**

The Arts Council of England and its Regional Arts Boards have joined together to form a single development organisation for the arts in England. The objective is to build a national force for the arts which will deliver more funding and increased profile to artists and arts organisations. Information about each of the Regional Arts Offices covering England are listed and accessed at [www.arts.org.uk](http://www.arts.org.uk). The nine Regional Arts Offices are now:

#### ***East England Arts***

Eden House  
48–49 Bateman Street  
Cambridge CB2 1LR  
01223 454 400  
email [info@eearts.co.uk](mailto:info@eearts.co.uk)

#### ***East Midlands Arts***

Mountfields House  
Epinal Way  
Loughborough  
Leics LE11 0QE  
01509 218 292  
email [info@em-arts.co.uk](mailto:info@em-arts.co.uk)

#### ***London Arts***

2 Pear Tree Court  
London EC1R 0DS  
020 7608 6100  
email [info@lonab.co.uk](mailto:info@lonab.co.uk)

#### ***Northern Arts***

Central Square  
Forth Street  
Newcastle-upon-Tyne NE1 3PJ  
0191 255 8500  
email [info@northernarts.org.uk](mailto:info@northernarts.org.uk)

#### ***North West Arts***

Manchester House  
22 Bridge Street  
Manchester M3 3AB  
0161 834 6644  
email [info@nwarts.co.uk](mailto:info@nwarts.co.uk)

#### ***Southern and South East Arts, Tunbridge Wells Office***

Union House  
Eridge Road  
Tunbridge Wells TN4 8HF  
01892 507200  
email [info@seab.co.uk](mailto:info@seab.co.uk)

#### ***Southern and South East Arts, Winchester Office***

13 St Clement Street  
Winchester SO23 9DQ  
01962 855 099  
email [info@southernarts.co.uk](mailto:info@southernarts.co.uk)

#### ***South West Arts***

Bradninch Place  
Gandy Street  
Exeter EX4 3LS  
01392 218188  
email [info@swa.co.uk](mailto:info@swa.co.uk)

#### ***West Midlands Arts***

82 Granville Street  
Birmingham B1 2LH  
0121 631 3121  
email [info@west-midlands-arts.co.uk](mailto:info@west-midlands-arts.co.uk)

#### ***Yorkshire Arts***

21 Bond Street  
Dewsbury  
West Yorkshire WF13 1AX  
01924 455 555  
email [info@yarts.co.uk](mailto:info@yarts.co.uk)

## Fundraising

### The Association of Fundraising Consultants

Web site [www.afc.org.uk](http://www.afc.org.uk)

### The National Lottery

The Arts Council of England provides information on National Lottery Funding.

Web Site [www.artscouncil.org.uk](http://www.artscouncil.org.uk)

More detailed information about the National Lottery Funding can be found at

Web site [www.lottery.culture.gov.uk](http://www.lottery.culture.gov.uk) or  
[www.lotterygoodcauses.org.uk](http://www.lotterygoodcauses.org.uk)

### Awards for All

Awards for All is a grants programme set up to help small groups. It is supported by the Heritage Lottery Fund, the Arts Council of England, Sport England, the New Opportunities Fund and the Community Fund.

0845 600 2040

Web site [www.awardsforall.org.uk](http://www.awardsforall.org.uk)

### Sponsorship and company giving

Your local Chamber of Commerce will produce local business directories.

Web site [www.britishchambers.org.uk](http://www.britishchambers.org.uk)

## Publications

### [a-n] (Artists Newsletter)

The Artists Information Company  
1st Floor  
7-15 Pink Lane  
Newcastle-upon-Tyne NE1 5DW

0191 241 8000

email [info@anpubs.demon.co.uk](mailto:info@anpubs.demon.co.uk)

Web site [www.anweb.co.uk](http://www.anweb.co.uk)

### Art Monthly

4th Floor  
28 Charing Cross Road  
London WC2H 0DB

020 7240 0389

email [info@artmonthly.co.uk](mailto:info@artmonthly.co.uk)

Web site [www.artmonthly.co.uk](http://www.artmonthly.co.uk)

### Arts Professional

PO Box 957  
Cottenham  
Cambridge CB4 8AB, UK

01954 250600

email [ads@artsprofessional.co.uk](mailto:ads@artsprofessional.co.uk)

Web site [www.artsprofessional.co.uk](http://www.artsprofessional.co.uk)

### The Guardian

119 Farringdon Road  
London EC1R 3ER

020 7611 9111

164 Deansgate  
Manchester M3 3GG

0161 908 3800

### Mailout

87 New Square  
Chesterfield S40 1AH, UK

01246 207070

email [info@e-mailout.org](mailto:info@e-mailout.org)

Web site [www.e-mailout.org](http://www.e-mailout.org)



## Appendices

### Bibliography

***An enquiry concerning possible methods for evaluating arts for health projects***

Angus J., Pioneer Projects (Celebratory Arts) Limited, Community Health UK  
[www.chuk.org](http://www.chuk.org)

***Artists in the Community: Training artists to work in alternative settings***

Americans for the Arts, available from  
 Centre for Creative Communities.

***Arts Funding Guide***

Forrester S. and Lloyd D., Directory  
 of Social Change  
 ISBN 1903991102

***Artists' Handbook Fundraising***

Jones S., AN Publications, 1993  
 ISBN 0907730205

***Art in Public***

Jones S., AN Publications, 1992  
 ISBN 09077301830

***Art with People***

Dickson M., AN Publications, 1995  
 ISBN 090773023x

***The Guide to UK Company Giving***

The Directory of Social Change, 2002  
 ISBN 1903991021

***A Guide to Major Trusts***

The Directory of Social Change, 2002  
 ISBN 1900360691

***Better By Design: Pursuit of Excellence in Healthcare Buildings***

NHS Estates, 1994  
 ISBN 0113217579

***Creative Spaces, A Toolkit for Participatory Urban Design***

The Architecture Foundation 2000  
 ISBN 0951906747  
[www.creativespaces.org.uk](http://www.creativespaces.org.uk)

***Commissioning Artworks***

Published by the Arts Council of  
 England, 1996  
 ISBN 0728707179

***Copyright: protection, use and responsibilities***

Miller, R., AN Publications, 1991  
 ISBN 0907730124

***Educated about Public Art***

Adams E., Commissions East, 2001  
 ISBN 0954144708

***Evaluating for Good Practice***

Everitt A. and Hardiker P.  
 Macmillan Press, 1996  
 ISBN 0333599675

***Healing the Hospital Environment, Design, Management and Maintenance of Healthcare Premises***

Hosking S. and Haggard L., E & FN, 1999  
 ISBN 0419231706



Courtyard,  
Royal Devon  
and Exeter  
Hospital

***Opening Lines: New Contexts for Artists Projects***

Rafferty A., Published by London Arts Board  
ISBN 0947784373

***Public Art: People, Projects, Process, 1997***

Adams E.,  
ISBN 0907730361

***Public Art Space***

Gooding M., Merrell Publishing, 1998  
ISBN 1858940486

***Starting and Running a Voluntary Group***

Capper S., Unell J. & Weyman A.  
National Council for Voluntary Organisations, 1989  
ISBN 0719912490

***The Directory of Grant Making Trusts***

Published annually, Charities Aid Foundation  
ISBN 1900360829

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NHS Estates is an executive agency of the Department of Health, dealing with matters relating to the built environment and non-clinical support services in the NHS. Our unique access to estates and facilities data, policy and information underpins our role in:

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For further information, please contact The Information Centre 0113 254 7070 or visit our website [www.nhsestates.gov.uk](http://www.nhsestates.gov.uk)













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